

The perceptions of secondary students about the spread of HIV and AIDS: A study in the Mzingazi area in Richardsbay, South Africa.

by

Mandisa Cynthia Dlamini

*Assignment presented in fulfilment of the requirements for the degree of
Master in Philosophy in the Faculty of Management and Economic
Sciences at Stellenbosch University*



Supervisor: Prof. JCD Augustyn

December 2013

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

December 2013

Copyright © 2013 Stellenbosch University

All rights reserved

ABSTRACT

This research paper has been developed in order to find the perceptions of Secondary learners about how HIV and AIDS is spread. There are a number of people who are living with HIV and AIDS in the area where the study has been conducted. Most of the learners are orphaned and vulnerable but a number of them expose themselves to risky behaviours. The nature that secondary school learners are in the transition to adulthood poses a threat and a challenge. This will put them at high risk of infection.

The study sought to find out whether the support and interventions provided do meet the intended outcome. As stated in the code of good practice “HIV knows no social, gender, age or racial boundaries” (EEA:1998) HIV is a big challenge in poverty stricken environments which is increased by discrepancies in communities resulting from urbanisation, violence and destabilisation. HIV and AIDS is still a disease surrounded by ignorance, prejudice, stigma and discrimination. (EEA:1998) The secondary school learners are the hope of halting the spread, if appropriate and relevant interventions that would make sense to how things are perceived in their cultural beliefs and values.

The study was conducted at Sitholinhlanhla primary school, which is at Richardsbay in Mzingazi area. Permission was granted by the SEM department of education, the parents were also given the consent form to allow their children to be used in the study. Grade 8 learners were used as the focus group. The age ranged between 13- 16 years.

Results are reported and recommendations for further studies of this nature are made.

OPSOMMING

Die primêre doel van die navorsing was om die persepsie van Sekondêre leerders ten opsigte van Vigs en die verspreiding van die HIV-pandemie te bepaal. Die meeste van die leerders wat in die studie gebruik is, is weeskinders en is dus 'n baie blootgestelde groep.

Die studie poog om te bepaal of die ondersteuning wat aan ouers gegee word vir die bekamping van die pandemie wel die nodige uitkoms het. Die studie fokus sterk op die Kode vir Goeie Gedrag wat internasionaal aanvaar word en wat aangemoedig word sonder die beperking van sosiale, geslag en rasgrense. MIV en Vigs is steeds 'n siektetoestand wat grootliks geignoreer word en wat ook kenmerk word deur onkunde, vooroordeel, stigma en diskriminasie.

Die studie is onderneem by die Sitholinhlalnhla sekondêre skool in Richardsbaai, Kwa-Zulu Natal, Suid-Afrika. Vooraf toestemming is van die SEM Departement van Onderwys gekry en ouers van die kinders het ingestem dat die navorsing gedoen kan word. Graad-agt leerders is in die steekproef ingesluit en fokusgroepe is gebruik om data in te samel.

Die ouderdomme van die kinders het tussen 13 en 16 jaar gewissel. Resultate van die studie het aangetoon dat daar nog steeds 'n groot mate van onkunde by die leerders bestaan ten opsigte van MIV en Vigs en dat hulle hoegenaamd nie behoorlik toegerus is om hulleself te beskerm teen die pandemie nie.

Voorstelle ter verbetering van die situasie word voorgestel.

ACKNOWLEDGEMENTS

I am sincerely grateful to Prof. JCD Augustyn my mentor, whose guidance, encouragement, and support through comments and recommendations led to the successful completion of this study.

I am also greatly pleased with the following people who have been my pillar of strength during my research: SEM and my principal for their support and encouragement.

I would thank my brother Sandile Mohlakoana who never doubted my potential, my husband Khumbulani Dlamini and my two sons Lindokuhle and Luyanda for being there for me and giving me their love and support throughout my studies. My late mother Nozipho Mohlakoana who motivated me to study from my infant age.

TABLE OF CONTENT

DECLARATION-----	ii
ABSTRACT-----	iii
OPSOMING-----	iv
ACKNOWLEDGEMENTS-----	v
TABLE OF CONTENTS -----	vi
LIST OF TABLES-----	vii
LIST OF FIGURES -----	viii
CHAPTER 1: INTRODUCTION-----	1
CHAPTER 2: LITERATURE REVIEW-----	5
CHAPTER 3: RESEARCH METHODOLOGY	
3.1 INTRODUCTION-----	10
3.2 TARGET GROUP-----	10
3.3 METHODOLOGY-----	10
3.4 ETHICAL CONSIDERATIONS-----	11
3.5 DATA COLLECTION INSTRUMENT-----	11
CHAPTER 4: RESEARCH RESULTS-----	12
CHAPTER 5: RECOMMENDATIONS-----	16
5.1 INTRODUCTION-----	15
5.2 RECOMMENDATIONS-----	15
5.3 LIMITATIONS OF STUDY-----	15
REFERENCES -----	17
APPENDIX A-----	19
APPENDIX B-----	20
APPENDIX C-----	22
APPENDIX D-----	24

LIST OF TABLES

Table 1.1	Global HIV and AIDS Estimates-----	1
-----------	------------------------------------	---

LIST OF FIGURES

Figure 4.1	Understanding of HIV/AIDS -----	12
Figure 4.2	The attitudes of learners about HIV/AIDS-----	13
Figure 4.3	The perceptions about the spread of HIV/AIDS-----	14

CHAPTER 1: INTRODUCTION

It is indeed a fact that the spread of HIV/AIDS across the globe is now unfortunately a common story, since the emergence of the disease in the early 1980's in US. The world is not the same anymore, people are dying, there are new infections every day, the search for the cure is still at large, it is predicted a number of people would be dead before the end of the century, the success of subbing the disease still evades us. (Webb, 1997) Research has proved that the people who are at high risk of infection is the age group between 14-49 which is regarded as the sexually active group. The number of people living with HIV has risen from around 8 million in 1990 to 33 million today, and is still growing. Around 67% of people living with HIV are in sub-Saharan Africa. (UNAIDS, 2008)

Table 1.1: Global HIV and AIDS estimations

	Estimate	Range
People living with HIV/AIDS in 2007	33.0 million	30.3-36.1 million
Adults living with HIV/AIDS in 2007	30.0 million	28.2-34.0 million
Women living with HIV/AIDS IN 2007	15.5.0 million	14.2-16.9 million
Children living with HIV/AIDS IN 2007	2.0 million	1.9-2.3 million
People newly infected with HIV/AIDS IN 2007	0.37 million	2.2-2.3 million
Children newly infected with HIV/AIDS IN 2007	2.0 million	1.8-2.3 million
AIDS deaths in 2007	0.27 million	0.25-0.29 million

(Source: UNAIDS, 2008)

More than 25 million people have died of AIDS since 1981. The behaviour of the youth in the Mzingazi area raises a concern. Pregnancy rate is still very high, there are some girls of about 14 to 18 years who are sex workers or prostitutes. There is a range of high risk behaviours amongst the youth, like unprotected sex with multiple partners. Some of the youth has been diagnosed as HIV positive at local clinics, their HIV status is known, some are dying and others are already dead.. One should mention that there is some sort of intervention through health promoting project which operate in all schools in the area, which is funded by private sector, one does not undermine the interventions done by the South African government, through mass media and communication.

One thinks, perhaps the fact that the context of HIV and AIDS is complex. Behaviour change approaches tend to regard the target audiences as homogeneous, hence undermine the complex factors at play, may be the reason, it does not accomplish the intended outcome.

It would be better when searching for interventions, it is crucial to consider variables such as culture, gender, sexual coercion, child abuse, poverty and economic necessities amongst others.

As argued by Webb (1997) it is crucial to look at the motivations that underpin sexual activity, because it tends to be the factor that determines the spread of HIV and AIDS.

(Webb, 1997). The youth is dying and something has to be done. The findings from this study could be useful to:

- Identify socio economic and political context, in which sexual activity occurs
- Identify obstacles that hinder the risk reduction.
- Evaluate whether current interventions reach all the target groups and find out if the desired or intended outcome is achieved.
- Find out if, intervention used through mass media give sense to people, or is understood by the people.
- Identify relevant interventions that would mitigate the spread of HIV and AIDS.

The rapid spread of HIV and AIDS has touched all corners of the world, it is a fact that HIV and AIDS has become a common subject globally and finding the cure has still proved to be fruitless. Research shows that developing countries are the most hit by HIV and AIDS spread or transmission. South Africa is no exception to this. Simply looking at National Statistics it is very clear that we have not really stopped the spread of the pandemic. HIV was recognized in the US in the 1980's, it soon spread globally and prevalence in Sub-Saharan Africa is currently the highest in the World. In 1984, the only country in Southern Africa with HIV and AIDS prevalence rate of over 1% was Zimbabwe (UNAIDS: 2000) but by 1999 there was hardly any Southern African country with prevalence below 10% (UNAIDS, 2002). One would then wonder why the spread of HIV/AIDS has been so rapid in Sub-Saharan countries compared to the spread globally. A number of factors have been blamed for the increasing serenity of South Africa's AIDS epidemic, and debate has ranged about whether the government's response has been sufficient. In 1995 researchers met in Jaipur, India to seek explanation for why HIV spread very rapidly in some countries and regions while other areas had lower rates. After their deliberations, they concluded that, there were only two key factors to understanding the spread of HIV:

- Level of income
- Social cohesion (the control in society exerted by religious, moral or political

leadership).

This was then became known as the Jaipur paradigm. It is important to note that it has many implications; one of the implications is that it looks at societal factors as holding the solution for the epidemic. While this could be useful, it cannot provide answers for all cases. As noted earlier on, determinants differ from time to time and within different societies. One cannot dispute the fact that the relation between HIV prevalence and socio-economic markers is complex.

The risk of HIV infection is related to the individual behaviour and socio-economic characteristics of the community in which one comes from. At this stage one should also highlight that Black South Africans have been subjected to a long history of systematic social disruption and dislocation during the apartheid era. Mzingazi community is no exception to this. Apartheid dis-enfranchised black South African political, social and economic human right abuse were common, as the apartheid government routinely used violence to exert power, hence violence remains common in daily life's in South Africa. (HSRC, 2002)

This has also resulted in the high rate of rape, sexual violence and sexual harassment of girls in the communities, as well as in schools by boys or male teachers, and these are normalized and tolerated because girls often have fear of being stigmatized by teachers or peers once they report sexual harassment or rape offences. It is indeed true that individual risk of infection is determined by individual as well as community factors in which one is situated in, thus social context may be a stronger predictor of disease. When searching for interventions, it would be wise to consider all of this.

Kelly (2000) contends that, since the rapid spread of HIV and AIDS young girls have been at high risk of sexual harassment and rape because of the belief that, they are free from HIV-infection. This has been the case in South Africa as well; there is a myth that having sex with a virgin will cure AIDS. Other modes of transmission make up a very small proportion in Southern Africa. In South Africa, approximately 5,6 million people are living with . HIV and AIDS which includes 327,000 children. Orphans and vulnerable children in communities which have rates of HIV/AIDS are usually exposed to violence, abuse and exploitation due to that their families are victims of the disease. (UNAIDS, 2000)

Young people, are at a stage of sexually awakening, learning and experimentation which make them very vulnerable and put them at high risk of infection. They need proper guidance, extensive help and support in making constructive choices about their sexual behaviour and life in general. Having made these points, it need to be mentioned that since HIV and AIDS is spread through individual's behaviour, prevention also requires a change

of behaviour which can be accomplished if people are made to see the problem and its negative impact on the individual, society at large as well as the economy. The school is situated in the Northern part of Kwa-Zulu Natal at Mzingazi. The area is an informal settlement just about 500m away from the suburbs of Richardsbay. Most of the people here ran away from rural areas of Kwa-Zulu Natal which were rampaged by political violence in the late 1980's. Most of the people here have little or no education at all, hence most of the females work as domestic workers in the nearby suburbs, males work as labourers in the nearby factories. There are also a number of people who are unemployed, and hence one can conclude it is a poor community. There is a problem of teenage pregnancy in the area and with the spread of HIV and AIDS it raises concern. The concern is why is it that teenagers would put themselves at such risk while the whole world is being shaken by the spread of HIV and AIDS. One should also mention that there is an intervention in the schools in the area through project known as health promotion. This research hopes to find the in depth reasons that the teenagers might be facing that make it impossible to change behaviour. The main objective of this research study was to investigate the perceptions of secondary school learners about the spread of HIV and AIDS at Sitholinhlanhla combined school. The following research questions were asked in the study:

1. What do learners understand about the spread of HIV?
2. How will their knowledge affect their sexual behaviour?
3. Will the knowledge they have help them make informed choices?
4. How to identify interventions that will halt the spread of HIV?

The following sub-objectives were set for the study:

- Assessing the knowledge of HIV and AIDS
- Assessing the attitudes of learners towards HIV status
- Assessing the perceptions of respondents about how HIV is spread.

A short review of the literature has been done and is reported in Chapter 2. The research methodology followed in this study is discussed in Chapter 3 and the results of the study is presented and discussed in Chapter 4. Recommendations flowing out of the research are presented in Chapter 5.

In the next section the review of the literature is presented.

CHAPTER 2: LITERATURE REVIEW

HIV and AIDS infections continue to increase in the developing countries at a high rate. The economic, political and social factors have impact in the rapid spread. Whilst there is no HIV cure, HIV can be controlled. It is indeed a fact that HIV and AIDS is recognized as an individual, family, community, national and global problem. Ethical and religious beliefs and values, traditional beliefs and cultural norms and practices have been challenged by the HIV and AIDS. Young people are at high risk and vulnerable yet they are the hope of any community because they present the opportunity to curb the spread of HIV when presented with prevention strategies. Young people are at risk because their sexual habits are not established like those of adults.

In the context of HIV and AIDS the transition to adulthood is nowadays marked with challenges. Education, family life, and employment of social and environment conditions will influence their sexual behaviour and choices. The rate of teenage pregnancies still poses a threat to the society.

One of the pressing social problems facing the global world is the spread of HIV and AIDS. One of the modes of transmission is through sexual intercourse; the age group between 15-49 years is highly at risk because they are regarded as sexually active. There are still an increasing number of adolescents who are sexually active, which raises concern as to why they put themselves at risk.

The emergence of HIV and AIDS has posed a major problem to cultural assumptions, values and attitudes towards death. Defining the term adolescence and sexuality would help to clarify the argument. Adolescence is defined as that period of time in a person's life that stretches from the onset of puberty to young adulthood. Sexuality is defined as the physical characteristics and capacities for certain behaviours, together with psychological learning, values, norms and attitudes about these behaviours indeed teenage years are a time of great change. In an attempt to understand sexuality one has to consider the social forces that shape the behaviour of an individual (Webb et al., 2002). An individual is part of a larger group and every society is unique, therefore one should not treat every society as a hegemonic group. It is indeed a fact that we are all victims of socialization. In attempting to address the problems of sexuality homes would be a better starting point, because it is not enough that teenagers have knowledge, but how that knowledge was constructed is very vital. It is therefore very important to consider the social forces that inform behaviour. Research has proved that most of the research that intended to address the problems of teenage pregnan-

cy and the HIV and AIDS interventions in Britain tend to focus on the behaviour of the youth and sort to provide knowledge. Research tend not to adopt a comprehensive approach that would encompass many social and psychological aspects of adolescent sexuality. Young people develop their sexuality in response to their own individual personalities, how, their feelings, fears, abilities, goals and attitudes about the self. All these experiences shape the individual into coming men or woman and developing their sexuality. The individual's development is shaped by sociocultural factors, one of these factors is culture. Culture evolves from the history and experiences of a group and constitutes the group's attempt to adapt to its environment. It indeed a fact that culture impacts on the individual culture affects all aspects of sexuality, attitudes and behaviour relating to gender and sex identity.

Weeks et al. (2002) contend that culture can be changed, but only if cultural leaders with whom the individual can identify. This can lead the way to new values, beliefs and new attitudes would develop towards sexuality and life in general. In attempting to address the problems of the youth these are some of the factors that should be considered in order to achieve the desired outcome. Families do not operate in isolation as they are part of the larger group and they are not immune to its powers. Parents are also affected by popular cultural images just like the teenagers. As mentioned above parents know what their cultural rules are hence we are all victims of socialization we live according to rules pre-determined by culture. Ohlson (1987) further contends that it is popular culture in the US to be seen thin and to be mini-superwomen. Parents often encourage their teenage girls to look good. This shows how parents perpetuate the messages sent to them from their culture. Cultural images are very powerful even if the parents can prohibit it. Teenagers can decide doing certain things as they wish. Parents cannot monitor the child day and night, and this can make them to be curious and sometimes rebellious. The best approach is to face facts that culture is there and will always affect the individual, rather parents need to provide different models through their own behaviour and teach teenagers how to negotiate cultural beliefs and how to handle or deal with them. This leads one to mention the mixed messages that surround us. What is said to teenagers about sexuality is not what is portrayed by media. Weeks et al. (2002) contend that there was a time of media prudency where everything on sexuality was kept in the closet.

(Weeks et al., 2002) further argue how this prudency affected the teenagers. It kept gays on a closet, and young girls would do back-alley abortions and when children were raped or sexually abused they were silent about it, this shows the real physical and psychological dangers to keeping sex in the closet. Ohlson (1987) argues that having mentioned that keeping sex in the closet can create problems but she argues that they have now gone to the extreme. What is

seen on televisions in soap operas promotes sexual activity amongst the teenagers. With the emergence of HIV and AIDS as a killer disease young are encouraged to abstain as one of the prevention modes of HIV and AIDS. What learners see on TV brings to them these mixed messages. Parents and teachers at school tell them to abstain and wait until they are married before being engaged to sexual activities. The programmes they watch suggest that the last thing you should do is wait because your hormones will not let you. This can be very confusing to teenagers. An individual is part of a larger group, therefore parents need community to raise their children since no family operates in vacuum, The community at large need to portray a positive image in terms of their sexual behaviour. It is a fact that children learn a great deal by watching rather by instruction. Parents have to practice what they preach. Other people in the community as well have to exemplify. This also brings mixed messages to young people if what they are told is contrary to what they see in their community.

(Weeks et al., 2002) argue that over the past 20 years the average age of teenagers getting involved in sexual activity grow younger and younger. It is now common to hear of girls starting out as young as 12 years of age but not long ago teens would wait until they finish college or even get married before they begin their sexual life. Apart from driving parents crazy engaging on sexual activities at an early stage would create health and social problems. There is a risk of unwanted pregnancy, not being able to afford to raise a child financially, and, contracting sexually transmitted diseases. The emergence of HIV and AIDS has posed more challenges. Having said all this, the issue here is why is it that teenagers become sexually involved earlier than in the past in high risk period of time when the global world is rampaged by this incurable disease of HIV and AIDS. As argued above providing information on sexuality is good but it does not stem sexual activity, the question would then be what is the best action in the question for solutions to protect the young people from the risks and dangers imposed by early sexual activity. It is a fact the factors that affect teen sexuality are bit complex. One of the factors is the peer pressure. Peer groups greatly influence sexual behaviour, which is not always helpful in shaping the teenagers sexual attitudes. Teenagers are more likely to discuss sex and birth control with their peers and here they exchange inaccurate information. Ohlson (1987) contend that culture determines how people are socialized for masculine and feminine sex roles. For instance if a girl has been socialized to believe that her function is childbearing and home caring, they tend to think that these are their functions and would seek to fulfill them. The role socialisation varies by social class, religion, ethnicity and race. The emergence of HIV and AIDS has posed major challenge to South Africa as well. One of the pressing problems in our society is the large number of teenagers who be-

come sexual active early and put themselves at high risk of the consequences of their sexual encounters. The new curriculum 2005, which was first implemented in 1997, included a learning area known as life skills education, and between 1996 and 1997 there was a project that aimed at training educators on life skills, sexuality and HIV and AIDS. One should mention here that the life skills project aimed to facilitate behavioural change by providing life skills to children that would develop their self-esteem and provide them with knowledge that would help them make decisions about their sexuality and reproductive health rights. It is very sad that though the life skills education had good intentions but it is failing to achieve the intended outcome. In an interview with some of the Kwa-Zulu Natal co-coordinators for life skills programmes, there has been different response within different regions. There are problems in rural and farm schools. The former model- C schools do not feel obliged to carry out the programme. As one of the problems in some schools teachers feel that they do not have necessary skills to teach life skills as their education system did not have life skills this all new. As pointed out that as one of the problems, most of the teachers teach in communities where they are migrant workers from cities and towns, they really do not understand the values and norm of that community this can pose a major challenge to the life skills programmes some community members do not understand the life skills within the context of sexuality and HIV/AIDS. One of the focus points of life skills and sexuality education is to address gender imbalances by empowering learners with skills that would enable them to assess risk, negotiate safer sexual behaviour and provide them with a culture of human rights. It is worth mentioning at this point that though the intention is good but this cause a problem as some of the teaches work in communities where gender values are extremely conservative and gender malpractices are common such communities would misinterpret life skills as challenging their culture. There is a need to involve the parents and communities so that they would support the programme. Pregnancy is one of the main causes of girls drop out, and within the context of HIV and AIDS these girls are at high risk, but in dealing with this problem it would be wise to introduce sexuality education in schools. It could help teenagers to only provide prevention of pregnancy while they do not understand their sexuality would achieve desired outcome. Sex education would include sex education, health education, family life education, HIV and AIDS awareness and life skills education. (Weeks et al., 2002) also mention the importance of including the community when planning interventions. Young people are the key to future prevention of HIV, only if they are effective. One should point out at this stage that client based assessment will help identify the specific needs of the target group and would help provide appropriate information and knowledge hence would

provide the desired outcome. One needs to focus on social, environmental and cultural perceptions of the clients when developing interventions. The complexities of culture cannot be undermined. Cultural beliefs and norms give meaning and direct how people behave in different circumstances. It set boundaries and provide rules that particular community should live.

The purpose of this study is to investigate the perceptions of secondary school students about HIV and AIDS, with an intention to provide knowledge, and develop skills, promote positive responsible attitudes and provide motivational support to the youth. It also aims to encourage behaviour change hence reduce risk of transmission.

This study could be useful to:

- Identify socio economic and political context, in which sexual activity occurs
- Identify obstacles that hinder the risk reduction.
- Evaluate whether current interventions reach all the target groups and find out if the desired or intended outcome is met.
- Find out if, intervention used through mass media give sense to people, or is understood by the people.
- Identify relevant interventions that would mitigate the spread of HIV/AIDS.

Schools in developing countries could be targeted as first centers to try and halt the rapid spread of HIV transmission. Interventions should be adequately researched and developed to suit the needs of the specific target group in order to achieve positive and sustained results. It is vital to consider cultural realities because every society is influenced and forced by it to conform. (Lesson for life: HIV and life skills education, 1999)

The research methodology will be discussed in Chapter 3.

CHAPTER 3 : RESEARCH METHODOLOGY

3.1. Introduction

In this chapter a way of addressing the research questions is developed. Qualitative research methods aim to gather in-depth understanding of human behaviour and the reason that govern such behaviour. The aim of this study is to investigate the perceptions and attitudes of Secondary school children about how HIV and AIDS is spread. A qualitative research design was decided on for this study because it contains features, which enable the researcher to obtain depth information for a better understanding of the phenomenon under investigation. (Macmillan and Schumacher,1993)

3.2. Target group

This was a cross sectional study conducted from July 2012 to September 2012.

The target population people for this study was all grade 8 learners of the school . Both girls and boys have been used as my units of equity.

3.3. Methodology

This was a survey research study about the perceptions of learners of about the spread of HIV and AIDS. Qualitative methodology intends to gather in-depth understanding of human behaviour and provides insight into a problem, highlight trends in opinion. The first critical question explored how much knowledge do learners have about the spread of HIV and AIDS in general. Five learners from grade 8A, 8B, and 8 C were selected. A group of 25 learners comprising of both girls and boys was subsequently formed. Group interviews were used as the source of information, because it helped to remove the tension and the fears they might have of talking to the stranger, so that they would give positive response.

The second critical question explored, whether the knowledge they have about HIV and AIDS transmission affect their behaviour.

The data was collected by self-administered anonymous questionnaires. Individual interviews and interviews were used A self-completed questionnaire was also used because it would provide depth information about what triggers their behaviour. The questions covered the following categories: demographic information, disease knowledge including mode of transmission, attitudes towards people living with HIV and AIDS.

The third critical question explored whether the existing interventions through mass media and through a health promoting project run at school by a private sector give sense to learners and are they able to identify with it. The use of group interviews provided a chance to observe behaviour of the whole group as they answer questions.

3.4. Ethical considerations

Ethical principles deal with beliefs about is considered right or wrong, good or bad, proper or improper. Ethics emerge from value conflicts among those in profession. Research sometimes evokes privacy of the target group. When conducting research the researcher has to try to minimize the risk of individual right of participants while trying to maximize the quality of information they provide. (Macmillan and Schumacher,1993)

Permission has been have obtained from SEM Department of Education, and the Principal of the school, to use the learners. Informed consent forms were distributed to the parents of the learners used. In this case it is vital to note that the purpose of the study is not to generalize the findings but rather to find facts, attitudes and opinions about the spread of HIVand AIDS, with the aim of finding interventions that would help the students change their behaviour and hence help to mitigate the spread of HIV and AIDS.

3.5 Data collection instrument

Focus group interviews were conducted. These interviews provided a researcher with a chance to address the issue of fear and to assure anonymity to participants. Rich data could be explored through interaction within the group. In a group people develop and express ideas they would not have thought of about on their own. (Macmillam and Schumacher, 1993)

Having conducted a group interview for critical question 1, a follow-up interview was conducted with the group to check if the responses were broadly the same. For critical question 2 a summary sheet for each question given was prepared, each response was recorded in the summary sheet and once all the responses have been entered, findings were will be represented on a graph. This would give a clear picture of how much knowledge they have about HIV and AIDS transmission. For critical question 3 a checklist was prepared and was used to record their behaviour as observed.

The finding s of the study will be reported in Chapter 4.

\

CHAPTER 4: RESEARCH RESULTS.

This chapter presents an analysis of the collected data and the interpretation of the findings is also presented. The data gathered was about the perceptions of secondary learners about the spread of HIV and AIDS at Sitholinhlanhla primary school in Mzingazi under Richardsbay ward. Despite the generalized nature of the epidemic in countries across Sub-Saharan Africa, many young people in the region still do not know how to protect themselves from HIV. Reports on levels of accurate information amongst the youth about HIV/AIDS are startling. (Forman, 2003)

The Global report on HIV and AIDS revealed that there has been a decline of new infections in countries with comprehensive correct knowledge of HIV (UNAIDS, 2009). The government has play a pivotal role in providing support and expertise to schools by establishing Life Skills and integrated HIV programmes. All this will help to increase knowledge, skills and promote positive responsible attitude that will halt the spread of HIV.

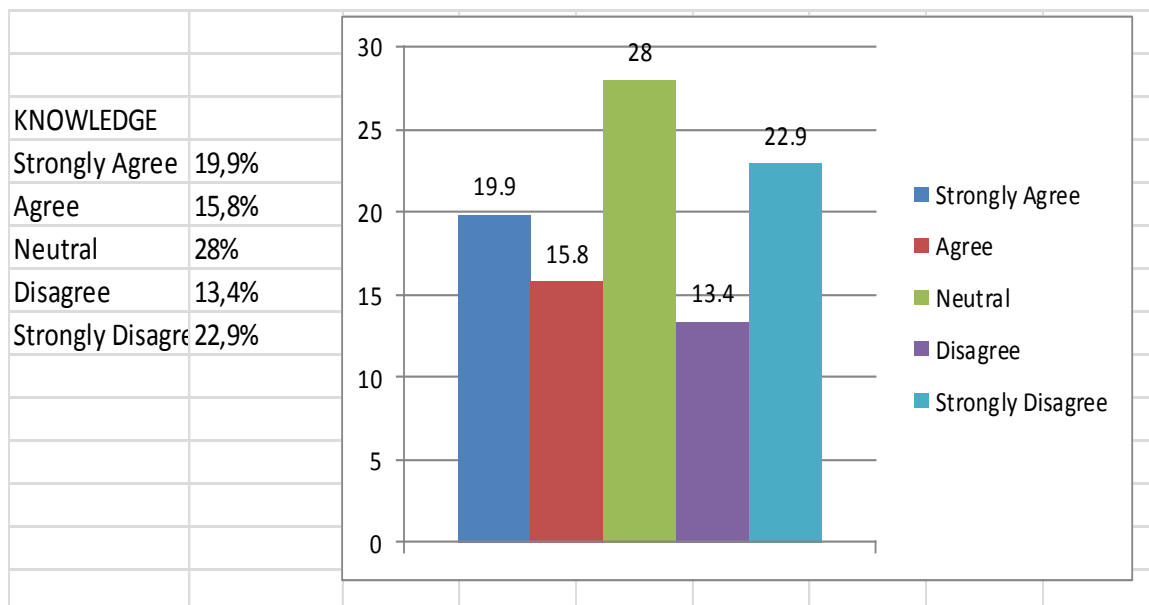


Figure 4.1: Understanding of HIV and AIDS

From Figure 4.1 it is clear that most learners have the knowledge of HIV and AIDS, but this knowledge does not progress to life skills empowerment. A broad-based needs assessment is important to gain an overall view of the current HIV and AIDS situation. A client-based approach would help to identify context, culture and environment. Gender, religion and beliefs are all important factors that should be considered when planning interventions to assist young

people. Culture is often invisible, intangible, unmanageable and difficult to define. However culture is not static. It is dynamic and could change from time to time. As culture change individuals within the group change as well. Information interventions only provide knowledge and can encourage limited changes in values and behaviours. More comprehensive life skills programmes could assist in providing life skills empowerment.

The relationship between poverty and HIV cannot be undermined. Living standards of poor communities often expose them to risky behaviour. In Sub Saharan Arica with the highest prevalence HIV and AIDS tend to affect the poor more heavily than other communities.

(UNAIDS, 2006) Comprehensive and correct knowledge about HIV among young people has increased globally but still below global targets for comprehensive knowledge set in 2001

(Global report, 2010)

Stigma and discrimination does not only hinder prevention, care and treatment for people living with HIV and AIDS, but also contribute to the spread of HIV. There is a negative attitude towards people living with HIV and AIDS. HIV stigmatization is a challenge in all the parts of the world. (Global report, 2010) Though people have knowledge about HIV and AIDS but the attitude is still a challenge. Applying the knowledge already gained is not easy to put into action. Figure 4.1 represents the attitudes of learners about HIV and AIDS found in this study.

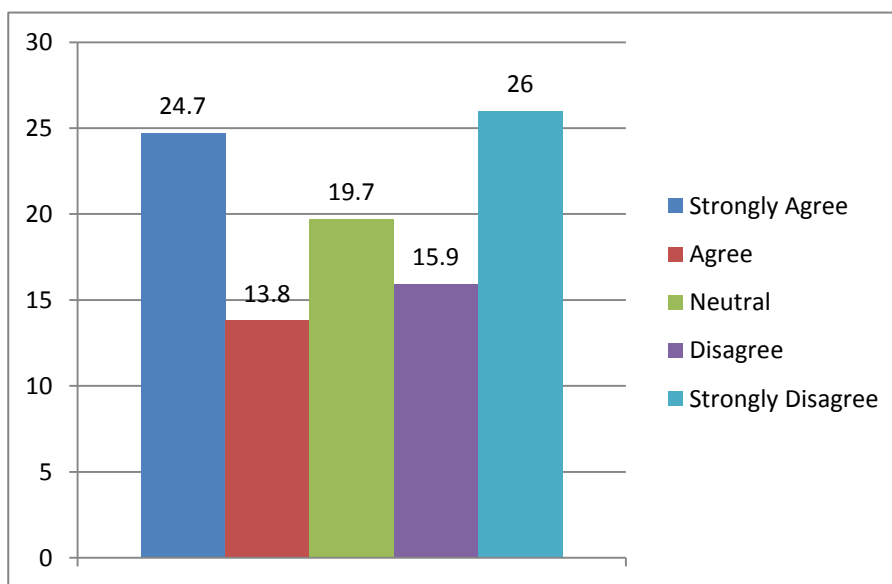


Figure 4.2: Attitudes

From Figure 4.2 it is clear that HIV- related stigma is still high. People living with HIV and AIDS are still marginalized. A variety of stigmatization myths surround the issue of HIV. The global reports reveal that there is a slight change in the number of new infections globally; Southern African regions still fall below the global targets. Much is being done in most parts of the world, but there is no indication that the spread of HIV is at 0-level. Young people are still exposed to risky behaviour. Correct and comprehensive strategies need to be identified that will compel the youth from engaging in risky behaviour. Education is considered the tool towards development, and providing access to primary education by 2015 is the target of Millennium Development Goals. (UNAIDS, 2006) Culture is being in the center for identifying strategies that will involve all the communities and in which the community can understand and identify with. Some prevention strategies that stress the values associated with culture could be used. The ABC approach states that young people should abstain to sexual activities before marriage. A person should be faithful to his or her one partner in a relationship. Those who are sexually active should at least use condoms.

- Abstinence: refers to withdrawing from sexual activity which is the basis of the Zulu culture and would make sense to these young people.
- Being faithful: refers to both partners being honest to each other.
- Condom use: refers to practicing safe sex by using condoms.

The last one still being a challenge in this community, as it allows or gives the young people an opportunity to engage themselves to sexual relationships with the hope of using protection. (Robert et al., 2004)

Figure 4.3 shows the perceptions of learners about the spread of HIV and AIDS.

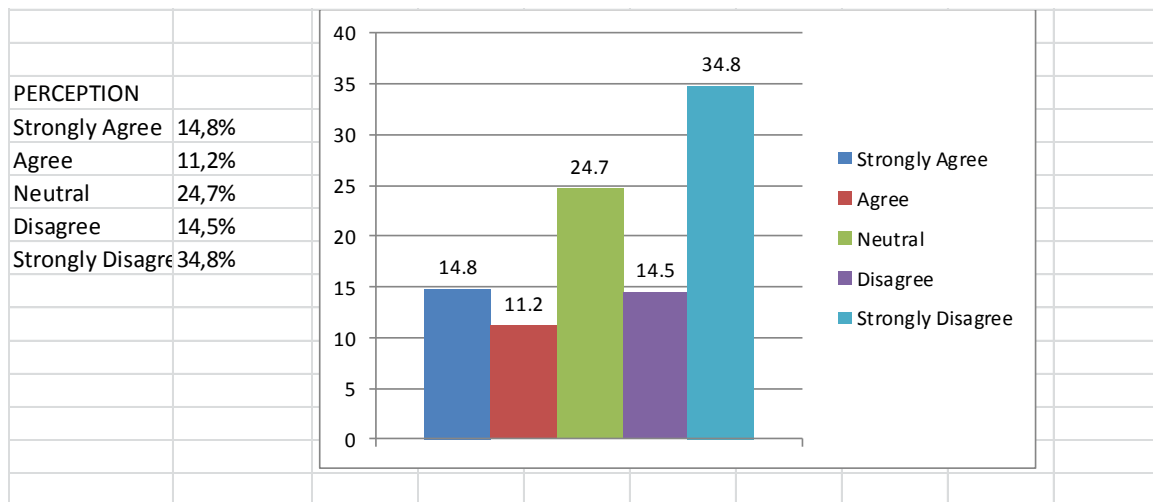


Figure 4.3: Perceptions of HIV and AIDS

Figure 4.3 reveals that there are misperceptions regarding certain modes of transmission and the spread of HIV. They were asked questions regarding the threat of HIV and AIDS to human health. The threat perception increased with the level of education. Notably the use of condom is very low and the majority of learners have not changed their dating behaviours because of HIV and AIDS. The findings of this study point to a concern: risk perceptions influence essential HIV and AIDS preventive programmes and when the learners do not perceive HIV and AIDS as a threat prevention programmes are doomed to fail.

Perceptions first need to be changed before any educational programme or intervention will have the desired effect.

CHAPTER 5: RECOMMENDATIONS

5.1 Introduction

This chapter will review the research purposes and research questions and provides an overview of the study. The recommendations of the study and the researcher's suggestions for further study will be presented.

5.2 Recommendations

Secondary school learners as youth are key to future prevention of the spread of HIV and AIDS. Interventions should enable young people to change their behaviour and hence the impact will be mitigated. The following facts should be considered.

- Interventions provided should be based on the cultural backgrounds, norms and beliefs.
- The Department of Education (DoE) in each province, should design and develop its own programmes and be assisted by national directorates.
- There should be a big push in designing and refining policies and intervention programmes that would improve opportunities and capacities of adolescents and thus contribute to behaviour change.
- A life skills programme should be established in secondary schools, that would increase knowledge, skills, promote positive and responsible attitudes and provide motivational support.
- Interventions provided should be able to address the needs of a particular community
- It has been proven that there is a strong link between poverty and the spread of HIV, and that women are the most vulnerable.
- All stake-holders should be involved in determining the projects .
- Knowledge is power information booklets that are age appropriate could interest the youth and would then be willing to use them effectively.
- A healthy environment could be encouraged, where the youth would be provided with activities that tackle youth issues and challenges.
- When the NGO's are assisting they should involve the community that they are working with.

5.3 Limitations

The researcher would have liked to include more schools in the research in order to reveal more views and perceptions in this research. Unfortunately the cost for printing and involving more schools was a problem. As mentioned above no community is the same to the other,

involvement of more schools would have provided the researcher with more insight to this study.

REFERENCES

- Bell, J. (1993). *Doing your research proposal a guide for first time Researchers in Education and Social Science*, Open University Press.
- Christensen, L.B. (1985) . *Experimental Methodology*. Boston: Allyn and Bacon Inc.
- Cosby, P.C. (1998). *Methods in Behavioral Research*. Palo Alto, CA. Mayfield Publishing Company.
- Forman, L. (2003). HIV/AIDS, Information and Communication in Africa. APC Theme Discussion http://www.apc.org/english/rights/africa/research_reprots/HIV.pdf Accessed on 20.11.13
- Kelly, M.J. (2000). *What HIV/AIDS can do to education and what education can do to HIV/AIDS?* University of Zambia, Lusaka
- Macmillan, J.H. & Schumacher, S. (1993). *Introduction to research in education* . London: Hart press
- Moser, B and Kalton, G (1993). *Survey Methods in Social Investigation*. Heinemann Educational books. London
- Neuman, L.W, (2000). *Social Research Methods, Qualitative and Quantitative Approaches*. University of Wisconsin, Whitewater
- Ohlson, G.K. (1980). *Why teenagers act the way they do*. Group Books.Loveland.Colorado.
- Robert, P. & Samuel, B. (2004). *Culture, Leadership, and Organisations: The Globe Study of 62 Societies*, Ohio State University
- Szekeres, G.(2000). *HIV/AIDS in adolescence*. Winter 000.<http://hivinsite.ucsf.edu>.UCSF
- UNAIDS, (1998). *Report of the global HIV/AIDS epidemic*, Geneva.UNAIDS
- UNAIDS, (2002). *Report on the global HIV/AIDS epidemic*.Geneve.UNAIDS
- UNAIDS, (2006). *Report on the global HIV/AIDS epidemic*.Geneve.UNAIDS
- UNAIDS, (2008), *Report on the global HIV/AIDS epidemic*.Geneve.UNAIDS
- UNAIDS, (2010). *Report on the global HIV/AIDS epidemic*.Geneve.UNAIDS

Vithal, R & Jansen, J. (1998). *Designing the research proposal*. JUTA

Webb, D. (1997). *HIV and AIDS in Africa*, Redwood books, Trowbridge

Weeks, L., Heapy, J & Donovan, M. (2002). *Same Sex Intimacies*, University of Windsor

APPENDIX A DEMOGRAPHIC QUESTIONS

1.

	FEMALE
	MALE

2.

AGE

12		11		12		13		14		15		16		17		18		19+	
----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	-----	--

3. HOME PROVINCE

ZN		N.CAPE		W.CAPE		GAUTENG		FSTATEREE		LIMPOMPO	
ARSTEN CAPE		N.PROVINCE		MPUMALANGA							

Mzingazi		Current		Khondweni		Meerenrsee		Mabhodla	
----------	--	---------	--	-----------	--	------------	--	----------	--

4. RESIDENCE

APPENDIX B.

KNOWLEDGE QUESTIONS

	Strongly agree	agree	neutral	disagree	Strongly disagree
1. There is no cure for AIDS					
2. Only get HIV					
3. Children can get HIV					
4. Antiretrovirals can cure AIDS					
5. AIDS is caused by witchcraft					
6. Traditional leaders can cure AIDS					
7. The first HIV case was diagnosed in Africa					
8. The majority of people living HIV live in Sub – Saharan Africa.					
9. The number of people dying of AIDS is 20 million.					
10. It is safe to share needles and razors.					
11. If you do a HIV test people will know your results.					

12. If your parents are living with HIV you cannot share cups with them.					
13. You can get HIV from being raped.					
14. It is a good thing to know your status.					
15. A condom should be used to prevent HIV prevention.					
16. Never touch blood with your bare hands.					
17. Doctors should always use new needles for each patient.					
18. Educated people cannot get HIV.					
19. Clinics sell condoms.					
20. More women in South Africa live with HIV than men.					

APPENDIX C					
6.ATTITUDES QUESTIONS					
	Strongly agree	agree	neutral	disagree	Strongly disagree
1. You can only get HIV by sleeping with multiple partners.					
2. Once your infected with HIV there is no need to use a condom.					
3. HIV can be transmitted through unprotected sex.					
4. People living with HIV must be excluded from the society.					
5. The school can expel you if you have HIV.					
6. Pregnant girls have HIV.					
7. Sex workers can have HIV.					
8. All people with TB have HIV.					
9. Some learners are living with HIV in schools.					
10. School children spread HIV.					

11. Learners should be tested for HIV.					
12. Pre and Post Counseling is essential before HIV testing.					
13. Breastfeeding can transmit HIV.					
14. Use a condom when uncertain about your partner's status.					
15. Children living with HIV must be put in one class.					

APPENDIX D

PERCEPTION QUESTIONS

	Strongly agree	agree	neutral	disagree	Strongly disagree
1. Poverty can is the main reason for the spread of HIV.					
2. People living with HIV die at an early age.					
3. People living with HIV cannot be productive.					
4. Only black people have HIV.					
5. Sex workers spread HIV.					
6. Men having sex with men spread HIV.					
7. HIV does not lead to AIDS.					
8.If you have TB you get HIV					
9.Sleeping with a virgin cure AIDS					

10. Only men can transmit HIV					
11. A healthy and a balanced diet can cure AIDS.					
12. All people living with HIV are not educated.					